



J. Mental Health Services

Service Definition

Mental Health Services

Mental health services include the delivery of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to PLWH. Services must be based on a treatment plan and conducted in an outpatient group and/or individual session.¹

Life Care and Early Intervention Services (LCEIS) recipients providing mental health services are expected to comply with the [LCEIS Universal Standards of Care](#), as well as these additional standards:

Standard 1: Mental health services providers must ensure services are delivered in accordance with the Wisconsin Life Care and Early Intervention Services Eligibility and Recertification Policy and Procedures.

Providers are responsible to determine eligibility at enrollment and to confirm eligibility annually.

Documentation

Client records must document that the client is living with HIV and resides in Wisconsin at initial enrollment in accordance with the [Wisconsin LCEIS Eligibility Policy](#).

Standard 2: Intakes must be conducted in a safe, welcoming, and trauma informed way.

Providers or non-service provider staff who conduct intake services must create a safe, welcoming, and trauma-informed environment for all new clients to encourage retention in services.

Documentation

Providers or non-service provider staff must be able to describe clinic policies, protocols, and practices that create an environment to build client rapport.

Standard 3: Intake includes identification of alternative funding sources and assurance that LCEIS is payer of last resort*.

On intake, clients must be assessed for current or potential eligibility for third-party payment of counseling and therapy services, including Medicaid and private health insurance plans.

¹ PCN 16-02, p. 15

Third-party payers for which the client is enrolled should be utilized before LECIS funding.

*These provisions do not apply to Ryan White, Veterans Administration, and Indian Health Services benefits.

Documentation

Client records and billing records must document assessment, enrollment assistance, and use of alternative payment sources before using LCEIS funding.

Standard 4: A crisis intervention plan must be in place.

Clients must be provided a documented procedure to follow if they need after-hours assistance when they are initially enrolled in services.

Recipients must have written policies and procedures for staff to follow in psychiatric or medical emergencies. Such policies and procedures define emergency situations, and the responsibilities of key staff are identified.

There must be a procedure in place for training staff to respond to emergencies and assess client suicide risk.

Clients participate in safety planning to determine local resources for after-hours care in event of a medical or psychiatric emergency.

Documentation

The recipient crisis intervention plan is available for inspection by the Wisconsin HIV Care Unit upon request.

Standard 5: When a client needs a translator or interpreter, the recipient must make a certified medical interpreter available to the client.

Recipients must have available and offer certified medical interpreter services to clients. A client's family members and friends should not be considered as interpreters due to medical technology limitations and should only be considered as interpreters if the client refuses services of a certified medical interpreter.

Recipients should proactively inform clients that medical interpretation services are available.

Documentation

Recipients must maintain a current contract with a provider of certified medical interpreter services or maintain medical interpretation certifications of staff employed by the clinic. If the client refuses the use of a certified medical interpreter, the client record must include documentation of client refusal.

Standard 6: Voluntary client transitions to other providers are seamless and emphasize uninterrupted access to services, whenever possible.

When clients express an intent to transfer their mental health care to another provider, this transition must be handled with courtesy and professionalism.

Whenever possible, all transition of records should happen within 30 days of request and must include all items requested by the client and the provider, within the limits of HIPAA and other laws, Federal Confidentiality 42 CFR Part 2 regulations, and policies.

Documentation

The recipient must document how its protocols, policies, and practices regarding voluntary transfers emphasize uninterrupted access to mental health services. Client records must document steps taken to transfer care to another provider.

Standard 7: Recipients must establish and apply criteria by which clients will be transferred to other providers without client request.

There may be time when clients need to be transferred to other providers for a variety of reasons, including client behavior that poses a threat to clinic staff and clients.

Each recipient must establish criteria and processes for such transfers and apply it consistently, while still attempting to prevent interruptions in care.

Documentation

The clinic must document how its protocols, policies, and practices regarding involuntary transfers emphasize uninterrupted access to care.

Standard 8: Recipients must establish criteria for client discharge.

Clients may be discharged from mental health services for reasons that include, but are not limited to:

- Completion of the treatment plan.
- Voluntary withdrawal from the service.
- Relocation outside of the service area.
- Client does not attend appointments and does not respond to correspondence for 3 months past client's anticipated appointment date.
- Severe, inappropriate, threatening, or otherwise destructive behavior on the part of the client that makes continuation of services dangerous to the provider or unlikely to be helpful to the client.
- Client death.

Documentation

The client record must document which discharge criteria were met. Documentation must show notification of the client and other care team members as outlined in the Universal Standards.

Standard 9: Recipients must establish criteria for encouraging re-engagement in mental health services after an extended absence.

Unless contraindicated, providers should attempt to convey that ongoing counseling and therapy care is extremely important, and that the provider would be open to re-engagement in care in the future.

Documentation

The clinic must document how its protocols, policies, and practices regarding re-engagement to care are reasonable and attempt to motivate the client to re-engage in mental health services. Clinic policies must be available for review by the Wisconsin HIV Care Unit upon request.

Standard 10: Mental health services are available and accessible to PLWH and in need of mental health treatment.

Mental health services must be scheduled at times that are reasonably convenient to the clients served, in consideration of the availability of transportation and considering work or school requirements.

An appointment system that serves to minimize waiting time, in addition to a system for follow-up of missed or canceled appointments, must be established.

Documentation

Providers must be able to describe how clinic policies, protocols, and practices prioritize availability and accessibility of services to clients. Clinic policies must be available for review by the Wisconsin HIV Care Unit upon request.

Standard 11: Each client receiving mental health services receives a baseline assessment by a licensed mental health professional.

A baseline assessment must be completed on all clients receiving mental health services by a licensed mental health professional within two weeks of intake or sooner.

Clients must be assessed for care coordination needs, and referrals are made to other case management programs as appropriate.

Documentation

Documentation of baseline evaluation, signed and dated, must be present in the client record. Assessment of case coordination needs, and referrals must be documented in the client record.

Standard 12: Mental health treatment plans must be prepared based on clinical diagnosis and individualized needs of each client.

Initial treatment plans are completed within 30 days of enrollment. Treatment plans must include the following elements as required by [Wisconsin Administrative Code DHS 35.19 \(1\) \(a\)](#):

- The consumer's strengths and how they will be used to develop the methods and expected measurable outcomes that will be accomplished.

- The method to reduce or eliminate the symptoms causing the consumer’s problems or inability to function in day-to-day living, and to increase the consumer’s ability to function as independently as possible.
- For a child or adolescent, a consideration of the child’s or adolescent’s development needs as well as the demands of the illness.
- The schedules, frequency, and nature of services recommended to support the achievement of the consumer’s recovery goals, irrespective of the availability of services and funding.

Documentation

Documentation of treatment plan(s), signed and dated, must be present in the client record.

Standard 13: A psychiatric evaluation must be available for clients receiving mental health services.

Psychiatric evaluations are conducted for all clients of mental health services needing one and there are procedures in place to determine which clients require them.

Psychiatric evaluations must be available based on client need, or within 30 days of referral to psychiatric clinician.

Documentation

A psychiatric clinician is available for consultation with mental health service providers and clients.

Documentation of all services provided to the client by the psychiatric clinician (consultation findings, diagnostic and medication evaluation and monitoring, treatment recommendations) is available in the client record.

Standard 14: Clients must have access to all mental health services that they require either on-site or through referral(s).

Mental health services identified in the treatment plan are provided on-site or through arrangements made for the client.

Such services must be provided by, or supervised by, a licensed mental health professional.

Documentation

Provision of services must be documented in the client record, including the name of the staff providing the service.

Standard 15: Mental health treatment plans must be reviewed and modified at least every 90 days, or more frequently as clinically advised.

Treatment plans must be reviewed, with clients, and updated to reflect the completion of goals and other outcomes.

Documentation

There must be a revised treatment plan and documentation of case conferencing at least quarterly.

Standard 16: A system must be in place to ensure coordination of mental health care with primary care, case management, harm reduction, substance use treatment, social and legal services, rehabilitation, and self-help programs, as appropriate.

Providers of mental health services must dedicate resources to ensure multidisciplinary care coordination regularly occurs for each client, as appropriate.

There must be written policies and procedures on care coordination with other service providers.

Documentation

Client charts include:

- Summary information from other mental health providers, as appropriate.
- Evidence of case conferencing with involved mental health providers.
- Evidence of coordination and follow-up for those clients who have difficulty remaining engaged in treatment.

Policies and procedures must be on file at agencies regarding collaboration with other providers. Appropriate releases of information (ROIs) are on file for any incoming and outgoing patient information.

Standard 17: Referrals to other services for mental health care are made as needed and monitored for client follow-up.

The treatment plan must determine referrals for other services outside of HIV mental health specialty care.

Mental Health providers must facilitate client access to a full range of services necessary to improve health outcomes, including:

- Primary care.
- Case management.
- Harm reduction.
- Substance use treatment.
- Criminal justice advocacy.
- Social and legal services, and self-help programs as appropriate.

The provider must initiate referrals to specialty care that were agreed upon by the client and the provider and include:

- Referral to a named agency.
- The name of a contact person at the referral agency (if available).
- An exact address.
- Identifying referral agency eligibility requirements.

Documentation

Effective referral relationships must be available for the full range of services, as evidenced by memoranda of understanding, letters of agreement, or subcontracts.

All referrals and outcomes of such referrals must be documented in the client record.